POSITION	INITIALS	ID:20.	DATE
	0.3		
FEE DETERMINATION	MD	, ,	02-Dr
O.I.P.E. CLASSIFIER		20	3/7
FORMALITY REVIEW	NS	588	3/1/02
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

•	Rejected	N	Non-elected
=	Allowed	1	Interference
.—	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

	÷	Restricted	0	Objecto	ed
Claim	Date	Claim	Date	Claim	Date
Final Original		Final Original		Final	
11/		51		101	
3		52		102	<del>                                     </del>
4	<del>                                     </del>	54	<del>-                                     </del>	104	
5	<del>                                     </del>	55	<del></del>	105	<del></del>
6	<del>                                     </del>	56		106	<del></del>
7		57		107	
8		58		108	
9 7		59		109	
10		60		110	
11		61	<del>                                     </del>	111	
12	<del>                                     </del>	62	<del></del>	112	<del>                                     </del>
13	<del>                                     </del>	64		<del></del>	<del>-                                     </del>
15	++++	65	<del></del>	114	<del>                                     </del>
16	<del>                                     </del>	66	<del>╒┋┋</del>	116	<del></del>
17	<del>                                     </del>	67		117	<del>                                     </del>
18		68		118	
19		69		119	
20		70		120	
21		71		121	
22		72		122	
23		73		123	
24 V		74		124	
25		75		125	
26		76		126	
27		77		127	
28		78		128	<del>-   -   -   -   -  </del>
30	<del></del>	80		130	<del>                                     </del>
<u>.</u> 31	<del></del>	81	<del></del>	131	<del></del>
32	<del>                                     </del>	82		132	
. 33		83		133	
34		84		134	
35		85		135	
36		86		136	
37		87		137	
38		88	$\vdash$	138	
39 40	<del>                                     </del>	90	<del>                                     </del>	139	<del>-   - - - - - - - - - - - - - - - - - -</del>
				140	<del>                                      </del>
41		91	<del>                                     </del>	141	<del>                                      </del>
42 43	+++++	93	<del>├─┼─┼─┤</del> ┤	143	<del>-    -   -     -   -  </del>
44	<del>                                     </del>	94	<del>├─┼─┼─┼─┤</del> ╌ <del>╿</del>	144	<del>-     -   -   -   -   -  </del>
45		95	<del>                                     </del>	145	<del></del>
227 22	<del>                                      </del>	96	<del>                                     </del>	146	<del></del>
47 6	<del>- - - - - - </del> -	97	<del>                                     </del>	147	<del>                                     </del>
48 48 50 50 50 50 50 50 50 50 50 50 50 50 50		98		148	
49 1		99		149	
50	18	100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	150	

If more than 150 claims or 10 actions staple additional sheet here